

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 2/3/01   |
| FORMALITY REVIEW          | 7        | 012    | 02/22/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral)... Cancelled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | ✓     | ✓        | 7/2/00 |
| 2     | ✓     | ✓        | 7/2/00 |
| 3     | ✓     | ✓        | 7/2/00 |
| 4     | ✓     | ✓        | 7/2/00 |
| 5     | ✓     | ✓        | 7/2/00 |
| 6     | ✓     | ✓        | 7/2/00 |
| 7     | ✓     | ✓        | 7/2/00 |
| 8     | ✓     | ✓        | 7/2/00 |
| 9     | ✓     | ✓        | 7/2/00 |
| 10    | ✓     | ✓        | 7/2/00 |
| 11    | ✓     | ✓        | 7/2/00 |
| 12    | ✓     | ✓        | 7/2/00 |
| 13    | ✓     | ✓        | 7/2/00 |
| 14    | ✓     | ✓        | 7/2/00 |
| 15    | ✓     | ✓        | 7/2/00 |
| 16    | ✓     | ✓        | 7/2/00 |
| 17    | ✓     | ✓        | 7/2/00 |
| 18    | ✓     | ✓        | 7/2/00 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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